

Delmarva Power
Generator Interconnection Application -Short Form

(For Use with Generators 25 kW or Less)

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An applicant (Generator Owner) makes application to Delmarva Power to install and operate a generating facility of 25kW or less interconnected with the Delmarva Power utility system. Please provide an email address for better service.

Section 1, Applicant Information

Name: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Facility Location (if different from above): _____

Telephone (Daytime): Area Code _____ Number _____ (Evening) Area Code _____ Number _____

Delmarva Power Account No. : _____

Energy Service Provider Name: _____ Account No.: _____

Section 2, Generator Technical Information

Is Generator powered from a Renewable NEM Qualifying Energy Source: ☐ Yes ☐ No

Type NEM Qualifying Energy Source (if applicable): ☐ Solar ☐ Wind ☐ Hydro

Generator (or solar collector) Manufacturer, Model Name & Number: _____

_____ Output Power Rating in kW: _____

Inverter Manufacturer, Model Name & Number (if used): _____

_____ Rating in kW: _____

Will a generator disconnect device, accessible to Delmarva Power, be installed? ☐ Yes ☐ No

If the Generator Owner elects not to install a manual disconnect device accessible to Delmarva Power, the Generator Owner assumes all risks and consequences when a service meter must be “pulled” to disconnect the generator thereby also interrupting all utility electric service to the Customer site.

Section 3, Generator/Equipment Certification

Generating systems that utilize inverter technology must be compliant with IEEE 929 and *Underwriters Lab. UL 1741*. Generating systems that use a rotating machine must be compliant with Delmarva Power Delivery's *Technical Considerations Covering Parallel Operations of Customer Owned Generation of Less than One (1) MW and Interconnected with the Delmarva Power System* document. **By signing below, the Applicant certifies that the installed generating equipment meets the appropriate preceding requirement(s) and can supply documentation that confirms compliance.**

Signed (Applicant): _____ Date: _____

Prior to installation send the completed Page 1 to Delmarva Power, Attn: Cathy Long, The Net Energy Team
Phone: (866) 634-5571 FAX: (856) 351-7545 Email: nem@pepcoholdings.com or mail to 5 Collins Drive
MS 84CP22 Carneys Point NJ 08069

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Section 4 Installation Details

Generating System will be installed by: ☐ Owner ☐ State Licensed Electrician

Installing Electrician: _____ Firm: _____ License No.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Area Code: _____ Number: _____

Installation Date: _____ Interconnection Date: _____

Supply certification that the generating system has been installed and inspected in compliance with the local Building/Electrical code of the municipality of _____.

Signed (Inspector): _____ Date: _____
(In lieu of signature of Inspector, a copy of the final inspection certificate may be attached)

Section 5 Applicant Signature

I hereby certify that, to the best of my knowledge, all the information provided in the Interconnection Application is true and correct. I also agree to install a Warning Label provided by Delmarva Power on or near my service meter location.

Signature of Applicant: _____ Date: _____

At completion send Page 2 to Delmarva Power, Attn: Cathy Long, The Net Energy Team
Phone: (866) 634-5571 FAX: (856) 351-7545 Email: nem@pepcoholdings.com or mail to 5 Collins Drive
MS 84CP22 Carneys Point NJ 08069

Sections Below for Delmarva Power Use Only

Section 6. Approval or Non-Approval

Delmarva Power Delivery: ☐ Has Approved ☐ Has Not Approved this Interconnection Application.

Name: _____ Date: _____

Signature: _____

Reason of Not Approving: _____

Approval to connect to the Company system indicates only that the minimum requirements for a safe proper interconnection have been satisfied. Such approval does not imply that the Generator Owner's facility meets all federal, state and local standards or regulations.

Section 7. Internal Notifications

Send Applicant Warning Label for installing on/ near service meter:	<input type="checkbox"/> Yes
Notify Billing Dept. of Interconnected Generation:	<input type="checkbox"/> Yes
Notify District Engineering of Interconnected Generation:	<input type="checkbox"/> Yes
Notify System Protection of Interconnected Generation:	<input type="checkbox"/> Yes